## LAKE COUNTY ENVIRONMENTAL HEALTH

106 FOURTH AVENUE EAST POLSON, MT 59860-2175

PH: 406-883-7236 FAX: 406-883-7205 E-MAIL: envhealth@lakemt.gov

## RELEASE OF OWNERSHIP OR INTEREST IN MOTOR VEHICLE

		VEHICLE INFO	JKMATION								
YEAR			LIC PLATE #								
MAKE MODEL											
						THIS VEHICLE H	AS (circle app	propriate answer):			
						TITLE	YES/NO	BODY	YES/NO	TIRES/WHEELES	YES/NO
<b>ENGINE</b>	YES/NO	DIFFERENTIAL	YES/NO	PARTS ONLY	YES/NO						
FRAME	YES/NO	TRANSMISSION	YES/NO	FLUIDS	YES/NO						
THIS VEHICLE IS	S LOCATED A	AT:									
PLEASE NOTE: A from the vehicle pr	All garbage, wo	ood, paper, non-vehicle by the program.	e material and	tires without rims must	be removed						
	READ INF	ORMATION BEI	LOW BEFO	ORE SIGNING							
below, hereby auth	orize a duly ap		Lake County N	legal interest in the veh lotor Vehicle Recycling r Vehicle Graveyard.							
State of Montana a	nd its agents was the vehicle,	vithout payment or con and, unless attached	npensation. to	title, and interest in the the best of my knowled y, I do not possess a cer	lge there is no						
may result from the	e release and r	removal of the vehicle	by the progra	agents harmless from an am. I understand that understand Disposal Program, the	pon release of						
PLEASE ATTACH	VEHICLE TI	TLE AND/OR REGIS	TRATION TO	THIS FORM IF AVAI	LABLE.						
NAME OF RESPO	NSIBLE PAR	RTY:									
ADDRESS:											
PHONE #:											
Signature				Date							

-Office use on back-

OFFICE USE ONLY			
VEHICLE #	MILEAGE CHARGE		
PICK UP DATE	FLUID REMOVAL FEE		
HAULER	SPECIAL TOWING		
FLAT FEE CHARGE			
	TOTAL CHARGE		